

## Recovery as an issue of social justice and social inclusion

### Article on David Best's first keynote at Cutting Edge 2016 – Rotorua Energy Events Centre

Article by Rob Zorn published in the November 2016 dapaanz bulletin

We were privileged to have Professor David Best, Professor of Criminology in the Department of Law and Criminology at Sheffield Hallam University and Associate Professor of Addiction Studies at Monash University, Melbourne. He gave two keynote presentations (and a Saturday workshop) around the importance of group connectedness to recovery.

On Thursday 8 September Professor Best's topic was *Recovery as an issue of social justice and social inclusion*.

He argued that recovery is a fundamental marker or measure of a society. How inclusive and re-integrative societies are around marginalised populations and people in recovery indicates the wellbeing of the community as a whole.

At the heart of his message was that the recovery process is individually driven but collectively determined. Its success depends upon a series of concentric circles that includes people's networks, their communities and social structures.

#### Existing research

The average duration of a journey from first use to stable recovery takes around 27 years. This means there are many opportunities for early intervention, harm reduction and change.

Someone's first use of a psychoactive substance first occurs typically between 10-13 years of age so there's a huge window of opportunity (four-five years) for change before people experience significant problems which typically happens around age 20 or 21. Within another eight-nine years they begin to engage with treatment services.

The next critical window is the first five years of abstinence. The chances of someone relapsing is between 50 and 70 percent within the first year of abstinence but if they maintain sobriety for five years, that likelihood drops to around 15 percent.

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This developmental pathway model is known as the multigenic theory, but Professor Best said we need to combine it with what we call the social-genetic model because we now understand that recovery happens not within people, but between people. It's an interpersonal phenomenon and few successfully do it alone.

He said there is overwhelming evidence for three things that are essential to recovery. First, housing is fundamental. You cannot recover without a safe place to live. Second, people who go to mutual aid groups do better than people who don't and the more actively they participate, the better they do. Third, peer-delivered interventions are highly effective.

"So, society must come up with ways in which a person in recovery can be reintegrated and connect with groups around them. In fact, we can judge the quality of a community by how well it treats, integrates and restores its most stigmatised and excluded," he said.

"And that is where the ideas of social justice and social contract become important. It is not just down to the person trying harder. It is down to everybody to be the champions of reintegration."

Professor Best quoted Johann Hari who wrote in *Chasing the Scream* that the opposite of addiction is not sobriety. In fact it's human connection.

"The ultimate pathway to recovery is connectedness and the ultimate goal of every drug and alcohol worker is to help people find meaning and a positive identity not based on stigma and exclusion."

***"You are better off having addicted people in recovery in your community than people who have never had an addiction problem in their lives."***

He spoke about the recent Glasgow and Birmingham Recovery Studies, in which he was involved, and which showed that two things most affecting recovery were how much time people spent with other people in recovery and how much meaningful activity they did together.

Recovery is not a zero-sum game

Professor Best said that what may surprise some is that people in recovery actually achieve better quality of life scores than those who have never been addicted.

"Of people in active recovery in the UK, 79.4 percent actively participate in their local community. For the general public that figure is just 39 percent. So people in recovery are more than twice as likely to be active community connectors. You are better off having addicted people in recovery in your community than people who have never had an addiction problem in their lives.

"So the purpose of recovery is not to get people back to where they started. It's to get them to a positive growth point where they become an asset to the community. And this is not achieved by one 45 minute session every fortnight where clients have magic dust sprinkled on them.

"Studies show mutual aid groups work because they lead to better coping skills, stronger motivation, better general friendship and better support. And through positive change in their social networks people gain access to social opportunities they would never have had before."

Stigma

In 2013 an American study (Phillips and Shaw) looked at a social distance measures and found people who were actively addicted and people who were in recovery were more stigmatised than the other two groups in the study: obese people and smokers.

A similar study by Sheffield Hallam University also looked at the stigma around certain groups and found there were only slight differences in acceptance of groups who were in recovery (e.g. child sex offenders and drug/alcohol users) meaning that the average person finds it difficult to believe in recovery and the possibility of social reintegration.

Professor Best therefore challenged the audience to carry the message far and wide that recovery really does take place and that it's fundamental that we increase pathways of reintegration.

"These people need 'collective recovery capital' – the professionals, systems, structures and processes that will enable reintegration. This includes access to jobs, houses, specialist treatment etc. These are the areas in which society either excludes or re-integrates people."

## Informal social control

Belonging to groups doesn't just promote a sense of positive identity and change. The more people are bound into pro-social groups, the bigger the price they will pay for breaking their rules, values and norms. Professor Best said this is called 'informal social control' and that it becomes a significant positive and protective factor.

"The extent of a person's recovery will depend on the access they have to social support and the access that social support has to broader community connectedness and values.

"So the role of the addiction worker is first to build the required basic skills such as self-esteem and coping, and then to link people in with champions, mentors and peer guides who will in turn link them into positive community assets."